



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF NUTRITIONAL HEALTH AND SERVICES
BUREAU OF NUTRITION SERVICES AND WIC
WIC PROOF OF ELIGIBILITY

HEAD OF HOUSEHOLD NAME _____

PROOF OF IDENTITY

APPLICANT/PARTICIPANT NAME(S):

1.	2.	3.	4.
<input type="checkbox"/> Physically present <input type="checkbox"/> Exempt	<input type="checkbox"/> Physically present <input type="checkbox"/> Exempt	<input type="checkbox"/> Physically present <input type="checkbox"/> Exempt	<input type="checkbox"/> Physically present <input type="checkbox"/> Exempt

SPECIFY REASON FOR EXEMPTION FROM PHYSICAL PRESENCE:

Adult Participants (check one below)

Initial	Return	
<input type="checkbox"/>	<input type="checkbox"/>	State Driver's License
<input type="checkbox"/>	<input type="checkbox"/>	State ID card
<input type="checkbox"/>	<input type="checkbox"/>	Passport
<input type="checkbox"/>	<input type="checkbox"/>	Work or School identification
<input type="checkbox"/>	<input type="checkbox"/>	Other record that WIC staff consider adequate to establish identity. Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	WIC staff personal recognition (allowed at recertification only)

1				2				3				4				Infant or Child Participants (check one below)
Int.	Rt.	Int.	Rt.	Int.	Rt.	Int.	Rt.	Int.	Rt.	Int.	Rt.	Int.	Rt.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Record		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Service letter with identifying information		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital Record		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other record that WIC staff consider adequate to establish identity. Specify: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WIC staff personal recognition (allowed at recertification only)		

PROOF OF RESIDENCY (check one below)

Initial	Return	
<input type="checkbox"/>	<input type="checkbox"/>	State/local document that proves state or local residency such as current utility bill, rent, or mortgage receipt for lodging/housing. Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Award letter verifying current proof of eligibility, or participation card which can be used to obtain verification of current proof, for Medicaid, MC+, Food Stamps, or TANF programs. Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Written statement from a reliable third party that has knowledge of the applicant's/participant's regular fixed or nighttime location. Reliable parties might include staff of a social service agency, church, legal aid society, or employers. Specify: _____

PROOF OF INCOME

INSTRUCTIONS FOR COMPLETION OF PROOF OF INCOME ASSESSMENT ON OTHER SIDE

1. List all persons who live in household. List anyone who does not live in household but provides financial support.
2. Record gross income (income before any deductions for taxes, insurance premiums, retirement, and any other deductions such as bonds or garnishments) for each household member listed. See box below titled "INCOME IS" for income that must be reported.
3. If someone has more than one source of income, use additional lines to include all sources. If the total income from a source is not available to the household for reasons other than taxes or payroll deductions, record explanation.
4. WIC staff must calculate the total income based on the information given and what must be counted according to WIC rules.
5. **Adjunct Enrollment - Participants in TANF, Food Stamps, Medicaid, and/or MC+ can present their card or statement of eligibility to enroll in WIC but are also required to self-declare household size and gross income.**

INCOME IS

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Wages, Salary, Tips, Fees, Commissions• Net Farm or Rental income or loss (after business expenses)• Net self-employed income or loss
(Examples: Business, Child Care, Avon, etc.)• Total Military pay LESS cash housing allowance• Child Support and/or Alimony received | <ul style="list-style-type: none">• TANF, Social Security, SSI & other cash Public Asst. payments• Unemployment, Workman's Compensation, Strike benefits• Pension, Retirement, Veterans payments• Interest, Dividends, Capitol Gains, Royalties• Cash withdrawn from Savings, income from Estates or Trust Accounts | <ul style="list-style-type: none">• Regular contributions from anyone - living in in the home or not• Student Financial Aid less tuition fees, books and transportation• Lump sum payments (e.g. lottery winnings, settlements above loss of assets) |
|---|---|--|

PROOF OF INCOME ASSESSMENT											
NAME	AGE	FOOD STAMPS, TANF, MEDICAID, MC+	TYPE OF INCOME (SEE "INCOME IS")	SPECIFY INCOME PROOF	GROSS AMOUNT	RECEIVED HOW OFTEN? (CHECK UNDER ONE)					TOTAL INCOME W, M OR A
						WEEKLY	EVERY 2 WEEKS	TWICE A MONTH	MONTHLY	ANNUAL	

WIC REGULATIONS REQUIRE DOCUMENTATION OF PROOF OF IDENTIFY, RESIDENCY AND INCOME. FAILURE TO PROVIDE DOCUMENTATION OR FALSIFYING INFORMATION WILL RESULT IN DISCONTINUATION FROM THE PROGRAM. IF DOCUMENTATION IS NOT AVAILABLE AT THE INITIAL APPOINTMENT, IT MUST BE FURNISHED WITHIN 30 DAYS. I CERTIFY THE INFORMATION PROVIDED AND RECORDED ON THIS FORM TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE				DATE	
ECONOMIC UNIT/HOUSEHOLD SIZE	TOTAL INCOME \$	DOES DFS ADJUNCT ELIGIBILITY APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW VERIFIED?			IF NO, IS APPLICANT INCOME ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STAFF SIGNATURE				DATE	

30-DAY FOLLOW UP PROOF OF INCOME ASSESSMENT											
NAME	AGE	FOOD STAMPS, TANF, MEDICAID, MC+	TYPE OF INCOME (SEE "INCOME IS")	SPECIFY INCOME PROOF	GROSS AMOUNT	RECEIVED HOW OFTEN? (CHECK UNDER ONE)					TOTAL INCOME W, M OR A
						WEEKLY	EVERY 2 WEEKS	TWICE A MONTH	MONTHLY	ANNUAL	

WIC REGULATIONS REQUIRE DOCUMENTATION OF PROOF OF IDENTIFY, RESIDENCY AND INCOME. FAILURE TO PROVIDE DOCUMENTATION OR FALSIFYING INFORMATION WILL RESULT IN DISCONTINUATION FROM THE PROGRAM. I CERTIFY THE INFORMATION PROVIDED AND RECORDED ON THIS FORM TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE				DATE	
ECONOMIC UNIT/HOUSEHOLD SIZE	TOTAL INCOME \$	DOES DFS ADJUNCT ELIGIBILITY APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW VERIFIED?			IF NO, IS APPLICANT INCOME ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STAFF SIGNATURE				DATE	